



SOUTHSIDE SCHOOLS

HOME OF THE SOUTHERNERS

T.R.A.C.K.S Childcare

FOR CHILDREN AGES K- age 12

Monday – Friday 6:00 a.m. to 6:00 p.m.

School Year

_____ Before School Child Care \$15.00 per week

_____ After School Child Care \$25.00 per week

_____ Before & After School Child Care \$35.00 per week

_____ Full Day Drop In (Holidays) \$20.00 per day (Must pay at drop off)

Child's Name _____ Current Grade _____

Child's Age _____ Date of Birth _____ Gender: M / F Teacher _____

Address _____ City _____ Zip _____

Mother's Name _____ Father's Name _____

Home Ph# _____ Cell# _____

Mother's Employer _____ Wk# _____

Father's Employer _____ Wk# _____

Please call at 870-251-2297 with any questions or to register your child today!

MEDICAL INFORMATION

Child's Physician/Emergency Treatment Facility _____

Address _____ City _____ State _____ ZIP _____

I, _____ Father, Mother, Guardian (Cross out words that do not apply)

Of _____ (Child's name) do hereby give my consent to the Director of TRACKS or his/her duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director of TRACKS or his/her duly appointed representative to transport said child for emergency treatment, if the parents cannot be reached.

Signed _____ Date _____

Witness _____ Date _____

I hereby give _____ /do not give _____ (Check one) the Director of TRACKS or his/her appointed representative permission to give _____ (Child's Name) acetaminophen. I understand I will be notified that the medication was administered.

Signature _____ Date _____

Parent/Guardian Signature _____

Child's/Children's Name(s) _____

Date _____

Southside School District
70 Scott Drive
Batesville, AR 72501
870-251-4016



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TRACKS PROGRAM AGREEMENT

1. I have received a copy of the TRACKS handbook.
2. All application forms for my child including personal, emergency information and daily pick-up are complete, signed and on file.
3. There is a record of immunization on file for my child/children.
4. Any prescription medication to be given to my child must be in the original container with the child's name and must be authorized by a written-signed statement providing dosage and time to be given. Any medication administered will be kept on record and filed.
5. A signed statement from a doctor will be on file stating any food to which my child is allergic.
6. I understand that children are subject to be interviewed by Child Care Licensing DCFS Special Investigations and law enforcement for investigative purposes in the event of an abuse complaint and/or determining compliance with licensing requirements.
7. I understand that TRACKS occasionally takes pictures/videos of the children for educational purposes, workshops, or news releases and Facebook. I give my permission for my child's photo to be used in the manner.
8. I understand that I am responsible for all charges incurred through the TRACKS program and payment is due on Friday.
9. I have read the rules with my child/children and understand that they will be expected to follow them.
10. Bring a change of clothes for your child in case of an accident. These will be kept at TRACKS and will send home when used and you will need to replace them.

Parent/Guardian Signature _____

Child's/Children's Name(s) _____

Date _____

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